

CLAIMS ONLY

Application Number

Filing Date

10/508340

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | * | | * | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | | | | | |
| 2 | | | | | | | 52 | | | | | |
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| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total | | | | | | | Total | | | | | |
| Indep | 10 | | | | | | Indep | | | | | |
| Total | | | | | | | Total | | | | | |
| Depend | 1 | | | | | | Depend | | | | | |
| Total | 11 | | | | | | Total | | | | | |
| Claims | 11 | | | | | | Claims | | | | | |